



**Board for Waste Management Facility Operators
LICENSE APPLICATION
Fee \$75.00**

**A check or money order payable to the TREASURER OF VIRGINIA, or
a completed credit card insert must be mailed with your application package.
APPLICATION FEES ARE NOT REFUNDABLE.**

- To obtain a waste management facility operator license, your application package must include 1) a complete and legible **LICENSE APPLICATION**; 2) copies of any training certificates proving that you successfully completed the board-approved *basic* training course and any required board-approved courses specific to the requested operator classification; 3) a completed **EDUCATION VERIFICATION FORM** or official school transcript; and 4) **EXPERIENCE VERIFICATION FORMS** (if applicable).

1. Name _____
First Middle Last Generation (SR, JR, III)
2. Social Security Number * - -
3. Date of Birth _____
4. Home Street Address (no PO Boxes) _____
City, State, Zip Code _____
5. E-mail Address _____
6. Telephone & Facsimile Numbers () - Telephone () - Facsimile () - Beeper/Cellular
7. Check the **one** type of license you are requesting.
Class I ☐
Class II ☐
Class III ☐
Class IV ☐
8. Do you hold a current or expired waste management facility operator license or certification issued by the Virginia Board for Waste Management Facility Operators?
No ☐
Yes ☐ VA License/Certificate Number 4 6 Expiration Date _____
9. Do you hold a current waste management facility operator license or certification issued by another state?
No ☐
Yes ☐ If yes, list **all** the licenses and certificates in the following table, then skip to question #13. **An original Certification of Licensure/Letter of Good Standing (no more than 60 days old), prepared by the state board or licensing body through which you are currently licensed must be forwarded from the state board to the VA Waste Management Licensing Section.**

State/Jurisdiction	License/Certification Number	Expiration Date

You must complete the Virginia board-approved basic training course within one year of licensure.

OFFICE USE ONLY	DATE	FEE	CLASS OF FEE	LICENSE NUMBER 4 6 0 5	ISSUE DATE
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10. Are you applying for a **Class III** or **Class IV** Virginia Waste Management Facility Operator License based on the training and examination requirement of a federal or state agency under the Clean Air Act Amendments of 1990 *and* plan to complete the board-approved basic training course within one year of licensure?
- No ☐
 Yes ☐ If yes, skip to #12.
11. Which of the following methods of licensure are you using to qualify for a Virginia Waste Management Facility Operator License? Check only **one**.
- Training** and Examination ☐
Experience and Examination ☐
12. Name and location of school or institution where you completed your highest level of education*. Attach a completed Education Verification Form or official school transcript.
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- * In order to qualify for a Virginia Waste Management Facility Operator License, you must have received, at a minimum, a GED or high school diploma.
13. Have you ever been subject to a disciplinary action imposed by any (including Virginia) local, state or national regulatory body?
- No ☐
 Yes ☐ If yes, list the name of the jurisdiction in which the disciplinary action took place and the license number. Provide an explanation of events, including a description of the disciplinary proceeding and the type of sanctions that were imposed (i.e., suspension, revocation, voluntary surrender of license, monetary penalty, fine, reprimand, etc.). Attach copies of any correspondence or documentation (including a copy of the final order, decree or case decision) related to this matter. If necessary, you may attach a separate sheet of paper.
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14. A. Have you ever been convicted in any jurisdiction of **any felony**? *Any guilty plea or plea of nolo contendere must be disclosed on this application. Do not disclose violations that were adjudicated as a minor in the juvenile court system.*
- No ☐ Yes ☐ If yes, please provide the information requested in #14.C.
- B. Have you ever been convicted in any jurisdiction of **any misdemeanor**? *Any guilty plea or plea of nolo contendere must be disclosed on this application. Do not disclose violations that were adjudicated as a minor in the juvenile court system.*
- No ☐ Yes ☐ If yes, please provide the information requested in #14.C.
- C. If you answered "yes" to either question #14.A. or #14.B., list the felony and/or misdemeanor conviction(s). Attach a copy of all applicable criminal conviction, state police and court records; information on the current status of incarceration, parole, probation, etc.; and any other information you wish to have considered with this application (i.e., reference letters, documentation of rehabilitation, etc.). If necessary, you may attach a separate sheet of paper.
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15. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the Board's decision to approve this application. I certify that I will notify the Department if I am subject to any disciplinary action; or convicted of any felony or misdemeanor charges (in any jurisdiction) prior to receiving my license. I also certify that I understand, and have complied with, all the laws of Virginia related to Waste Management Facility Operators licensure under the provisions of Title 54.1, Chapter 22.1 of the *Code of Virginia* and the *Virginia Board for Waste Management Facility Operators Regulations*.

Signature _____

Date _____

* State law requires every applicant for a license, certificate, registration, or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.



**Board for Waste Management Facility Operators
EXPERIENCE VERIFICATION FORM**

Instructions:

Section A: To be completed by the applicant.

Section B: To be completed by the supervisor or personnel officer at the employer listed in **Section A #5** and returned to the Virginia Board for Waste Management Facility Operators at the address printed above. **Additional forms should be completed for each employer verifying your experience.**

Section A

1. Name _____
First Middle Last Generation (SR, JR, III)
2. Social Security Number *

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3. Mailing Address _____
City, State, Zip Code _____
4. Telephone & Facsimile Numbers () - () - () -
Telephone Facsimile Beeper/Cellular
5. Employer _____
6. Employer's Address _____
7. Job Title _____
8. Dates of Employment From _____ To _____
9. Describe your daily job activities in detail. Include how much time you spend at the site, your duties, and how many individuals you supervise. Inadequate job descriptions will be returned for additional information.

10. Supervisor's Name _____
11. Supervisor's Title _____

Section B

Is/was the applicant employed during the time period indicated in Section A #8?

Yes ☐

No ☐ If no, when was the applicant employed? _____

Is the job description in Section A #9 accurate and complete?

Yes ☐

No ☐ If no, what changes should be made? _____

Certifying Supervisor's Name & Title _____

Certifying Supervisor's Signature _____ Date _____

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Commonwealth of Virginia
Department of Professional and Occupational Regulation
Post Office Box 29570
Richmond, Virginia 23242-0570
(804) 367-8595



**Board for Waste Management Facility Operators
EDUCATION VERIFICATION FORM**

Instructions:

Section A: To be completed by the applicant.

Section B: To be completed by the educational institution listed in **Section A #6** and returned to the Virginia Board for Waste Management Facility Operators at the address printed above. An official school transcript may be substituted for this form.

Section A

1. Name
First Middle Last Generation (SR, JR, III)
2. Social Security Number *
[][][] - [][] - [][][][]
3. Date of Birth

4. Mailing Address

City, State, Zip Code

5. Telephone & Facsimile Numbers
() - () - () -
Telephone Facsimile Beeper/Cellular
6. Name of Educational Institution

7. Dates Attended
From _____ To _____
8. Signature
_____ Date

Section B

Certification

I hereby certify that the individual named in **Section A #1** has graduated from this school/institution:

Diploma/Degree Received _____
Date Received _____
Signature _____
Official Title _____

Affix Official Seal Here

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COMMONWEALTH OF VIRGINIA
DEPARTMENT OF PROFESSIONAL AND OCCUPATIONAL REGULATION

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STEVEN L. ARTHUR
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Examination Site Conduct Agreement

To: Examination Candidates
From: Director, Office of Education and Examinations
Department of Professional and Occupational Regulation

1. **General.** You are reading a statement from the Virginia Department of Professional and Occupational Regulation. Please read carefully and sign the statement to acknowledge your understanding of this agreement. You will not be permitted to take the requested examination until after you have signed this agreement.
2. **Prohibited Conduct.** By taking this examination you agree that the following actions/behaviors constitute Prohibited Conduct at the examination site:
 - a. Looking at another examinee's answer sheet or test booklet or giving assistance to another candidate.
 - b. Receiving assistance. Use of any notes, manuals or other aids that have not been approved for use during the examination.
 - c. Copying the examination. Copying or retaining the examination questions, or transmitting the questions in any form to another person. This includes writing in authorized reference materials during open book exams.
 - d. Exhibiting irrational or disruptive behavior at the examination site.
 - e. Impersonation. Using false identification or taking an examination for someone else. Only the person named on the examination application/answer sheet is authorized to take the examination and their correct name must be signed on the examination.

AGREEMENT

I read and understand the provisions of this agreement. I further understand that a breach of this agreement may include, but is not limited to, expulsion from the examination, the voiding of my scores, the denial of my license, the restriction or prevention of my ability to take the examination again, and may expose me to litigation for recovery of expenses for the development of a new examination. If I am expelled from the examination for any reason, my examination fees will be forfeited.

Candidate's Name:

(Print Please)

Candidate's ID Number:

Name of Examination:

Date:

Candidate's Signature: